

**Administrators:** Complete this form if you have a teacher who has an initial license and is leaving your district. Send to: Iowa Board of Educational Examiners, Grimes State Office Building, 400 E. 14<sup>th</sup> St., Des Moines, Iowa 50319.

Applicant's Folder #	Last Name	First Name
School District	Building	Position
<u>Applicant's Teaching Experience (in your district):</u>		
From (month/year)		To (month/year)

☐ **Initial Teaching License (continued):** the teacher has less than two years of experience in an Iowa public school or less than three years in a combination of out-of-state, public, and private schools.

☐ **Standard Teaching License:** the teacher has completed a mentoring and induction program (public schools), has at least two full years of public school teaching experience in Iowa (or at least three years total experience including out-of-state experience), meets or exceeds all Iowa Teaching Standards, and is recommended for a Standard License. (The teacher should apply to convert their license in lieu of the district using this form).

☐ **Third-year conditional license** (standards not met; needs more time). Please mark which standard(s) were not met.

- ☐ 1. DEMONSTRATES ABILITY TO ENHANCE ACADEMIC PERFORMANCE AND SUPPORT FOR AND IMPLEMENTATION OF THE SCHOOL DISTRICT'S STUDENT ACHIEVEMENT GOALS.
- ☐ 2. DEMONSTRATES COMPETENCE IN CONTENT KNOWLEDGE APPROPRIATE TO THE TEACHING POSITION.
- ☐ 3. DEMONSTRATES COMPETENCE IN PLANNING AND PREPARING FOR INSTRUCTION.
- ☐ 4. USES STRATEGIES TO DELIVER INSTRUCTION THAT MEETS THE MULTIPLE LEARNING NEEDS OF STUDENTS.
- ☐ 5. USES A VARIETY OF METHODS TO MONITOR STUDENT LEARNING.
- ☐ 6. DEMONSTRATES COMPETENCE IN CLASSROOM MANAGEMENT.
- ☐ 7. ENGAGES IN PROFESSIONAL GROWTH.
- ☐ 8. FULFILLS PROFESSIONAL RESPONSIBILITIES ESTABLISHED BY THE SCHOOL DISTRICT.

☐ **Teacher fails to meet the Iowa Teaching Standards.** The teacher is not recommended for a standard license. (Superintendent's signature required ONLY if this teacher is not recommended for licensure).

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 Superintendent's Signature      # \_\_\_\_\_ Folder Number      \_\_\_\_\_ Date